

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER  
T2315-906517

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought of the invention entitled:

**METHOD AND COMPOSITION FOR THE TREATMENT OF DIARRHEA AND GASTROINTESTINAL SPASMS**

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application

Serial No. 09/734,660

on December 13, 2000

and was amended

on \_\_\_\_\_ (if applicable).

☐ was filed as PCT international application

Number \_\_\_\_\_

on \_\_\_\_\_

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §119 of the following United States Provisional Application and of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR U.S. PROVISIONAL AND FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

| COUNTRY<br>(if PCT, indicate "PCT") | APPLICATION NUMBER | DATE OF FILING<br>(day, month, year) | PRIORITY CLAIMED<br>UNDER 35 USC 119                     |
|-------------------------------------|--------------------|--------------------------------------|--|
|                                     |                    |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                     |                    |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                     |                    |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                     |                    |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                     |                    |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**Combined Declaration For Patent Application and Power of Attorney (Continued)**

(Includes Reference to PCT International Applications)

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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

| U.S. APPLICATION NUMBER | U.S. FILING DATE | PATENTED | PENDING | ABANDONED |
|-------------------------|------------------|----------|---------|-----------|
|                         |                  |          |         |           |
|                         |                  |          |         |           |
|                         |                  |          |         |           |

| PCT APPLICATION NO. | PCT FILING DATE | U.S. SERIAL NUMBERS<br>ASSIGNED (if any) |  |  |  |
|---------------------|-----------------|--|--|--|--|
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|                     |                 |  |  |  |  |

**POWER OF ATTORNEY:** As a named inventor, I hereby Edward J. Kondracki (Reg. No. 20,604); Dennis P. Clarke (Reg. No. 22,549); William L. Feeney (Reg. No. 29,918); John C. Kerins (Reg. No. 32,421); Robert N. Wieland (Reg. No. 40,225) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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|             |                            |   |   |   |
|-------------|----------------------------|---|---|---|
| 2<br>0<br>1 | FULL NAME<br>OF INVENTOR   | FAMILY NAME<br><b>BERGERON</b>                              | FIRST GIVEN NAME<br><b>Raymond</b>                    | SECOND GIVEN NAME<br><b>J.</b>                  |
|             | RESIDENCE &<br>CITIZENSHIP | CITY<br><b>Gainesville</b>                                  | STATE OR FOREIGN COUNTRY<br><b>Florida</b>            | COUNTRY OF CITIZENSHIP<br><b>USA</b>            |
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| 2<br>0<br>2 |                            | Medicinal Chemistry Dept.,<br>Room P-401                    | FIRST GIVEN NAME                                      | SECOND GIVEN NAME                               |
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| 2<br>0<br>3 | FULL NAME<br>OF INVENTOR   | FAMILY NAME   | FIRST GIVEN NAME                                      | SECOND GIVEN NAME                               |
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**Combined Declaration for Patent Application and Power of Attorney (Continued)**  
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|     |                         |             |                          |                          |
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| 205 | FULL NAME OF INVENTOR   | FAMILY NAME | FIRST GIVEN NAME         | SECOND GIVEN NAME        |
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|     | RESIDENCE & CITIZENSHIP | CITY        | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP   |
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| 210 | FULL NAME OF INVENTOR   | FAMILY NAME | FIRST GIVEN NAME         | SECOND GIVEN NAME        |
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|     | POST OFFICE ADDRESS     | STREET      | CITY                     | STATE & ZIP CODE/COUNTRY |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

|                           |         |                           |      |
|---------------------------|---------|---------------------------|------|
| SIGNATURE OF INVENTOR 201 | DATE    | SIGNATURE OF INVENTOR 207 | DATE |
| <i>Raymond A. Segura</i>  | 5/11/01 |                           |      |
| SIGNATURE OF INVENTOR 202 | DATE    | SIGNATURE OF INVENTOR 208 | DATE |
|                           |         |                           |      |
| SIGNATURE OF INVENTOR 203 | DATE    | SIGNATURE OF INVENTOR 209 | DATE |
|                           |         |                           |      |
| SIGNATURE OF INVENTOR 204 | DATE    | SIGNATURE OF INVENTOR 210 | DATE |
|                           |         |                           |      |
| SIGNATURE OF INVENTOR 205 | DATE    | SIGNATURE OF INVENTOR 211 | DATE |
|                           |         |                           |      |
| SIGNATURE OF INVENTOR 206 | DATE    | SIGNATURE OF INVENTOR 212 | DATE |
|                           |         |                           |      |